

FAMILY VIOLENCE: A CHRONIC PUBLIC HEALTH ISSUE

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PITTSBURGH, PENNSYLVANIA

NOVEMBER 9, 1982

(GREETINGS TO HOSTS, GUESTS)

I AM PLEASED TO BE YOUR GUEST TODAY TO SPEAK WITH YOU ABOUT A SUBJECT THAT HAS BEEN HIDDEN AWAY FOR TOO MANY YEARS. HIDDEN AWAY...OR GIVEN AWAY TO SOMEONE ELSE TO WORRY ABOUT. THE SUBJECT IS NOT A PLEASANT ONE. IT IS VIOLENCE.

VIOLENCE IN ALL ITS ASPECTS HAS GROWN TO BECOME ONE OF THE MAJOR PUBLIC HEALTH PROBLEMS IN AMERICAN SOCIETY TODAY. IT IS NOT NEW, OF COURSE. VIOLENCE OF SOME KIND -- MURDER, SUICIDE, ASSAULT, ARMED CONFRONTATION OF NEIGHBOR AGAINST NEIGHBOR -- THESE HAVE APPEARED IN OUR NATIONAL HISTORY SINCE THE 17TH CENTURY. IN THE PAST 30 YEARS OR SO, AS WE IMPROVED OUR ABILITY TO COLLECT VITAL STATISTICS, WE HAVE BEEN ABLE TO IDENTIFY PERIODS WHEN THERE WERE INCREASES IN THE INCIDENCE OF MORBIDITY AND MORTALITY CAUSED BY VIOLENCE. WE ARE COMING THROUGH JUST SUCH A PERIOD NOW.

VIOLENCE IN THIS COUNTRY SURGED IN THE LATE 1960s AND INTO THE 1970s. ALL THE INDICATORS WENT UP. BUT THE TOLL UPON YOUNG PEOPLE -- PRE-SCHOOLERS, EARLY ADOLESCENTS, AND YOUNG ADULTS -- HAS BEEN

PARTICULARLY HIGH. THE MORTALITY RATES HAVE RISEN DURING THIS PERIOD AND THERE SEEMS TO BE LITTLE LIKELIHOOD THAT THEY WILL RETURN TO THE LEVELS OF THE 1950s AND EARLY 1960s.

LET ME ISOLATE THE RECENT MORTALITY HISTORY JUST FOR 15- TO 24-YEAR-OLDS IN THREE DIFFERENT AREAS OF TRAUMA AND VIOLENCE:

IN MOTOR VEHICLE FATALITIES, THE DEATH RATE PER 100,000 OF THIS AGE GROUP IN 1960 WAS 38. IN 1970 IT HIT ITS PEAK OF 47.2. BY 1978 IT HAD ABATED ONLY SLIGHTLY TO 46.4. THAT IS THE HISTORY FOR ALL MEN AND WOMEN AGES 15 THROUGH 24. AMONG WHITE MALES THE NUMBERS ARE FAR WORSE: FROM A 1960 RATE OF 62.7 TO A 1978 HIGH OF 75.4 DEATHS PER 100,000 -- NEARLY TWICE THE RATE FOR THE ENTIRE AGE COHORT. ONE-HALF OF THE FATALITIES ARE CAUSED BY THE COMBINATION OF DRIVING AND DRINKING. WE CAN DO SOMETHING ABOUT THAT.

THE STORY IN HOMICIDE IS THE SAME. FROM A 1960 LOW OF 5.9 MURDERS PER 100,000 MEN AND WOMEN AGE 15 TO 24, TO A RATE OF 11.7 BY 1970, AND TO A HIGH OF 13.2 IN 1978. THE CARNAGE AMONG BLACK MALES, HOWEVER, IS PARTICULARLY ALARMING: FROM A RATE OF 46.4 DEATHS BY MURDER IN 1960 TO A HIGH OF 102.5 A DECADE LATER, AND THEN DOWN TO A HOMICIDE MORTALITY RATE OF 72.5 IN 1978.

IN SUICIDE, MY THIRD AND LAST EXAMPLE, THE MORTALITY RATE FOR MEN AND WOMEN AGES 15 THROUGH 24 ROSE FROM 5.2 IN 1960 TO A PEAK OF 13.6 IN 1977 AND THEN DROPPED SLIGHTLY TO 12.4 IN 1978. THE STORY AMONG WHITE MALES BEARS SOME STUDY: THEIR RATE HAD BEEN 8.6 BACK IN 1960. IT THEN ROSE IN VIRTUALLY A STRAIGHT LINE TO A LEVEL OF 20.8 IN THE LATEST YEAR WE HAVE, 1978.

MOTOR VEHICLE ACCIDENTS...HOMICIDE...SUICIDE...THESE VIOLENT DEATH CATEGORIES NOW HAVE NEW AND HIGHER DEATH RATES PER 100,000 POPULATION IN ALMOST ANY GROUPING OF PERSONS BETWEEN 1 YEAR AND 24 YEARS OF AGE. I PICKED THE 15-TO-24-YEAR-OLDS BECAUSE THEIR MORTALITY TRENDS ARE SO CLEAR AND BECAUSE THEY ARE ABOUT TO CROSS THE THRESHOLD TO ADULTHOOD TO BECOME THE WORKERS AND VOTERS AND LEADERS OF THIS COUNTRY. AND IT IS AT THAT AGE, ALSO, THAT AMERICANS MARRY AND BEGIN TO RAISE THEIR FAMILIES.

THOSE STATISTICS ARE A CLUE THAT SOMETHING HAPPENED IN THIS COUNTRY ABOUT 20 OR 30 YEARS AGO. OR MAYBE WE SHOULD SAY SOMETHINGS, SINCE NO SINGLE CAUSE OR EVENT COULD BE RESPONSIBLE FOR RESULTS SO WIDESPREAD, SO PERVASIVE, AND SO DESTRUCTIVE. AND IT MAY BE TOO SOON FOR US TO KNOW WITH ANY CERTAINTY WHAT THOSE THINGS WERE. WE MAY NOT

YET HAVE THE HISTORIC DISTANCE, THE DETACHMENT, TO COME TO ANY
REASONABLY SOUND CONCLUSIONS. BUT WE MUST STILL TRY TO UNDERSTAND,
EVEN WITH OUR CONTEMPORARY MYOPIA, JUST WHAT HAS BEEN HAPPENING AND
WHY -- AND WHAT THE EFFECTS SEEM TO BE UPON THE AMERICAN PEOPLE. WE
NEED TO DO THIS FOR THE WHOLE SUBJECT OF VIOLENCE. THAT'S A LARGE
ASSIGNMENT AND IT'S GOING TO TAKE SOME TIME. BUT THERE IS ONE ASPECT
THAT JUST WON'T WAIT. IT NEEDS OUR BEST, MOST DIRECT ATTENTION. THAT
SPECIFIC ASPECT IS FAMILY VIOLENCE.

FAMILY VIOLENCE IS NOT AN EASY SUBJECT TO DISCUSS. JUST TO MENTION
IT IS TO ADMIT THE IMPERFECTABILITY OF MANKIND. AND WE TEND NOT TO
WANT TO DO THAT. SO, EXCEPT FOR A SMALL CADRE OF PUBLIC HEALTH
RESEARCHERS, SOCIOLOGISTS, CRIMINOLOGISTS, AND PSYCHIATRISTS, FAMILY
VIOLENCE REMAINS MANKIND'S "DIRTY LITTLE SECRET." WE CAN'T ALLOW THAT
TO CONTINUE.

THERE ARE MANY REASONS WHY, BUT THE ONE THAT CHILLS US TO THE
MARROW IS THAT MOST OF THE VICTIMS OF FAMILY VIOLENCE ARE ITS MOST
VULNERABLE MEMBERS, THE ONES WITH VIRTUALLY NO DEFENSES AGAINST
ANOTHER'S ANGER, OUTRAGE, OR RAW POWER. THEY ARE QUITE YOUNG -- AND
QUITE OLD.

HOMICIDE, FOR EXAMPLE, IS THE FIFTH MAJOR CAUSE OF DEATH AMONG CHILDREN, AGES 1 THROUGH 18. WITHIN THAT FIGURE, HOWEVER, IS THE NUMBER OF INFANTS LESS THAN A WEEK OLD WHO ARE KILLED...ABOUT 27 PER YEAR. TWO-THIRDS OF THE OFFENDERS -- OR KILLERS, TO BE PLAIN-SPOKEN ABOUT IT -- ARE PARENTS. IN ADDITION, ABOUT 143 CHILDREN RANGING IN AGE FROM 1 WEEK TO 1 YEAR OLD ARE KILLED EACH YEAR. ABOUT THREE OF EVERY FOUR KILLERS ARE THE PARENTS OF THE MURDERED CHILD. THESE ARE NOT ACCIDENTAL DEATHS. THESE ARE PURPOSEFUL, INTENTIONAL HOMICIDES.

BUT DEATH IS NOT THE ONLY PENALTY THAT MANY CHILDREN PAY. THE NATIONAL CENTER FOR CHILD ABUSE AND NEGLECT BELIEVES THAT AN ESTIMATED 2 MILLION CHILDREN -- AT THE MINIMUM -- SUFFER PHYSICAL AND MENTAL ABUSE EACH YEAR. THEY CARRY THE SCARS OF THAT EXPERIENCE THROUGHOUT THE REST OF THEIR LIVES. FROM A LONG-TERM PUBLIC HEALTH POINT OF VIEW, THE MORBIDITY OF FAMILY VIOLENCE IS EXTREMELY IMPORTANT. THE NATIONAL CENTER RIGHT NOW -- WITH A REPORTING SYSTEM THAT THE STAFF ITSELF ADMITS IS FAR FROM PERFECT -- IS RECEIVING 800,000 REPORTS OF CHILD ABUSE EACH YEAR. AMONG THE MOST VULNERABLE OF THESE YOUNG CHILDREN -- THE ONES WHO ARE LESS THAN THREE YEARS OLD -- THE MAJORITY OF THE ABUSERS ARE, ONCE AGAIN, THE PARENTS.

AMONG THE ELDERLY, PERSONS AGED 65 AND OLDER, THERE ARE ABOUT 1,300 REPORTED HOMICIDES EACH YEAR. HOWEVER, THERE ARE AN ESTIMATED ONE MILLION CASES OF PHYSICAL AND MENTAL ABUSE OF THE ELDERLY EACH YEAR, ACCORDING TO A 1980 SURVEY BY THE HOUSE SELECT COMMITTEE ON AGING. THE DIFFERENCE BETWEEN THESE NUMBERS IS SO GREAT THAT WE MUST QUESTION THE EFFECTIVENESS OF OUR REPORTING SYSTEM GENERALLY FOR ACTS OF VIOLENCE COMMITTED AGAINST PERSONS OVER THE AGE OF 65.

BUT WE CAN EVEN BE A BIT MORE SPECIFIC ABOUT JUST WHO IS ABUSED AMONG THE ELDERLY -- AND WHO IS DOING MOST OF THE ABUSING. THE AMERICAN ASSOCIATION OF RETIRED PERSONS HAS BECOME MORE AND MORE CONCERNED ABOUT THIS ISSUE, WHICH HAS BEEN A RATHER WELL-KEPT BUT NEVERTHELESS "DIRTY LITTLE SECRET" FOR MANY YEARS AND ONLY RECENTLY HAS IT BEEN DRAGGED INTO THE DAYLIGHT. THE A.A.R.P. HAS COMBED THE LITERATURE AND HAS ITSELF FUNDED SOME STUDIES AND THESE ARE AMONG ITS CONCLUSIONS SO FAR:

- * THE ABUSED VICTIM IS MORE LIKELY TO BE A WOMAN WHO IS 75 YEARS OLD OR OLDER.

* SHE IS ALSO LIKELY TO HAVE ONE OR MORE PHYSICAL OR MENTAL IMPAIRMENTS...WHEELCHAIR-BOUND, MILDLY RETARDED, OR ONE OR MORE SENSORY IMPAIRMENTS.

* SHE IS MOST OFTEN WIDOWED OR SINGLE AND IS THEREFORE HEAVILY DEPENDENT UPON A FAMILY MEMBER OR SOME OTHER CARE-GIVER FOR THE BASIC NEEDS OF LOVE AND SOCIAL INTERACTION.

* SHE WILL BE FOUND LIVING IN EVERY KIND OF SOCIO-ECONOMIC ENVIRONMENT AND IN BOTH URBAN AND RURAL COMMUNITIES.

* AND FINALLY, THE DATA SUGGEST THAT A FAMILY MEMBER WILL COMMIT THE ACTS OF ABUSE IN 80 TO 90 PERCENT OF THE CASES. IN TWO OUT OF THREE OF THOSE CASES, THE ABUSER IS THE MIDDLE-AGED DAUGHTER OF THE VICTIM.

PHYSICIANS NEED TO BECOME MORE FAMILIAR WITH THE SYMPTOMS OF VIOLENT PERSONALITY IN CHILD AND PARENT ALIKE. UNFORTUNATELY, WE DON'T HAVE AVAILABLE SOME STOCK, OFF-THE-SHELF PROFILES OF PERSONS WHO ARE DISPOSED TOWARD VIOLENCE. BUT THE RESEARCH LITERATURE DOES PROVIDE US WITH SOME CLUES THAT SEEM STURDY ENOUGH TO FOLLOW.

LET US NOW TURN TO CHILDREN FOR A MOMENT. ACCORDING TO THE WORK DONE BY DR. DOROTHY OTNOW LEWIS OF THE N.Y.U. SCHOOL OF MEDICINE, HOMICIDALLY VIOLENT CHILDREN ALSO TEND TO HAVE A HISTORY OF ATTEMPTED SUICIDE. MANY OF THEM HAVE A HISTORY OF PSYCHOMOTOR SEIZURES. THEIR FATHERS ARE USUALLY CHARACTERIZED AS "VERY VIOLENT," PARTICULARLY TO THE MOTHERS. THESE CHILDREN ALSO TENDED TO HAVE MOTHERS WHO AT SOME TIME HAD TO HAVE INPATIENT PSYCHIATRIC CARE. OTHER STUDIES INDICATE THAT VIOLENT ADOLESCENTS HAD SEEN SEVERE PHYSICAL ABUSE OCCUR AT HOME OR WERE THEMSELVES THE VICTIMS OF FAMILY VIOLENCE.

HIGH-RISK FAMILIES ALSO TEND TO BE SOCIALLY ISOLATED FROM THEIR NEIGHBORS. THIS IS THE CASE ACROSS ALL SOCIAL, RACIAL, AND ECONOMIC LINES. SUCH FAMILIES LACK STRONG FRIENDSHIPS. THEY CAN'T SEEM TO GET CLOSE TO OTHER FAMILIES, PARTICULARLY FAMILIES THAT DO NOT SHOW EVIDENCE OF STRESS OR VIOLENT BEHAVIOR. HIGH-RISK FAMILIES HAVE DIFFICULTY COPING WITH PRESSURES OUTSIDE THEIR OWN HOME -- PRESSURES ON THE JOB OR PRESSURES WHILE LOOKING FOR A JOB, OR THE INTERNAL PRESSURES THAT MAY BUILD UP WHILE TRYING TO NEGOTIATE SUCH SOCIAL TRANSACTIONS AS SHOPPING OR USING PUBLIC TRANSPORTATION. SUCH FAMILIES ALSO HAVE DIFFICULTY COPING WITH STRESS INSIDE THEIR OWN HOMES: CHILDREN MAKING NOISE...LOUD RADIOS, TELEVISION SETS, OR STEREOS...AND A WHOLE RANGE OF MARITAL UPSETS, INCLUDING THOSE PRODUCED BY ALCOHOL AND DRUGS.

WE KNOW THAT VIOLENCE WITHIN THE FAMILY TENDS TO ESCALATE DURING PERIODS OF ECONOMIC STRESS. INDEBTEDNESS...LACK OF WORK...EVICTON... LAY-OFFS...RE-POSSESSIONS...THESE ARE THE STUFF OF TRAUMA FOR MANY FAMILIES. THEY CAN OVERWHELM PARENTS AND OPEN THEM TO THE TERRIBLE IMPULSES OF VIOLENCE AGAINST EACH OTHER AND AGAINST THEIR CHILDREN. IN SOME AREAS OF THE COUNTRY WE ARE EXPERIENCING VERY DIFFICULT ECONOMIC CONDITIONS AND, IF THE RESEARCH AND THE ANECDOTAL MATERIAL WE HAVE IS ANY GUIDE, THOSE AREAS ARE ALSO EXPERIENCING A RISE IN FAMILY VIOLENCE.

THESE MAY SHOW UP IN MARKS ON BATTERED SPOUSES AND ABUSED CHILDREN. THEY ARE NEVER WELL EXPLAINED. THE VICTIMS ARE OFTEN EMBARRASSED, EVASIVE, OR SIMPLY TIGHT-LIPPED. THE PHYSICIAN NEEDS TO UNDERSTAND HOW TO "READ" THOSE INTENSELY PERSONAL AND HUMAN SIGNALS OF THE VICTIM OF FAMILY VIOLENCE.

THIS MUST BE A VERY DISQUIETING PICTURE FOR ANY PERSON INVOLVED IN HEALTH OR MEDICAL CARE OR, FOR THAT MATTER, ANY OF THE "CARING" PROFESSIONS. IT'S AS IF WE TOOK A PICTURE OF THE AVERAGE AMERICAN FAMILY -- THREE GENERATIONS SITTING ON A SOFA IN THE LIVING ROOM -- AND HELD THE

NEGATIVE UP TO THE LIGHT. ALL THE COLORS ARE REVERSED, THE WARMTH IS TURNED TO FROST, AND ALL THE SMILES ARE REPTILIAN. THIS IS THE DARK SIDE OF THE BASIC HUMAN ORGANIZATION, THE QUINTESSENTIAL GROUP...THE HUMAN FAMILY.

WHAT IS EVEN MORE DISQUIETING IS THE FACT THAT WE ARE JUST BEGINNING TO UNDERSTAND THIS PHENOMENON OF FAMILY VIOLENCE. ALL THE FIGURES I MENTIONED A MOMENT AGO MAY BE ARTIFICIALLY LOW. I HOPE THAT'S NOT TRUE AND THAT THOSE LOW NUMBERS ARE ACCURATE, BUT THEY PROBABLY AREN'T. THE FEELING SEEMS TO BE THAT THERE IS GREAT CONFUSION, FEAR, CAUTION, PREJUDICE, AND DISINTEREST IN THE FIELD, SUCH THAT THE REPORTING PROCESSES ARE QUITE CRUDE AND ARE SIMPLY NOT CAPTURING WHAT OUGHT TO BE A MUCH TRUER STATISTICAL PICTURE OF THE PROBLEM. IN THAT PICTURE, IT IS GENERALLY AGREED, THE NUMBERS WOULD BE EVEN LARGER.

OUR WORK, I BELIEVE, IS CUT OUT FOR US. IF WE TRULY CARE ABOUT HUMAN LIFE, IF WE TRULY CARE ABOUT THE FUTURE OF OUR SOCIETY, THEN WE HAVE TO MOVE TO CONFRONT THE TERRIBLE IMPLICATIONS OF FAMILY VIOLENCE ON AMERICA. CONFRONT IT AND WORK VERY HARD TO TURN THE FIGURES AROUND, TO REVERSE THE TRENDS THAT SEEM TO BE COILING ABOUT THE THROATS OF OUR MOST VULNERABLE CITIZENS: OUR CHILDREN AND OUR OLD PEOPLE.

THE PHYSICIAN, SUSPECTING THAT A PATIENT MAY BE PREDISPOSED TO VIOLENT BEHAVIOR, SHOULD PROVIDE THE SAME KIND OF COUNSELING OR REFERRAL SERVICE AS IF THE PATIENT SHOWED A PREDISPOSITION TO CARDIOVASCULAR DISEASE, OBESITY, OR DIABETES. WITH THE PATIENT'S CONSENT, IT MAY BE POSSIBLE TO INVOLVE A SPOUSE OR A CHILD IN THE DISCUSSION OF THIS HEALTH PROBLEM. THIS IS A SENSITIVE AREA AND WE NEED TO GIVE IT OUR PROFESSIONAL STUDY AND ATTENTION IN ORDER TO PROVIDE GUIDANCE TO PEDIATRICIANS AND OTHER PRIMARY CARE PHYSICIANS. THE OBJECTIVE, LET ME REPEAT, IS NOT TO INTERVENE INTO A PATIENT'S PRIVATE FAMILY LIFE FOR INTERVENTION'S SAKE BUT TO PREVENT VIOLENT BEHAVIOR FROM OCCURRING AND ENDANGERING THE HEALTH OR THE LIFE OF ANOTHER.

I RECOGNIZE THAT NOT ALL PHYSICIANS WOULD AGREE WITH THAT ASSESSMENT OF THEIR ROLE. THEY WOULD OBJECT TO IT AS BEING YET ANOTHER EXAMPLE OF THE "MEDICALIZATION OF SOCIAL PROBLEMS." AND I FULLY APPRECIATE THE UNEASINESS FELT BY MANY PHYSICIANS AND OTHER HEALTH PROFESSIONALS WITH SOCIETY'S HABIT OF CASUALLY TURNING TO MEDICINE TO SOLVE WHAT MAY SIMPLY NOT BE A HEALTH OR MEDICAL PROBLEM. BUT WITH VIOLENCE, I THINK THERE IS A DIFFERENCE.

WE MIGHT NOT WANT THIS VERY COMPLICATED ISSUE TO GRAVITATE TOWARD MEDICINE FOR ANSWERS, BUT I BELIEVE WE NEED TO ACCEPT THE FACT THAT WE MAY HAVE A CONTRIBUTION TO MAKE. I BELIEVE THAT WE DO AND WE ARE OBLIGATED TO MAKE THAT CONTRIBUTION.

THE LATE DR. RENE DUBOS USED TO SAY THAT "TREND IS NOT DESTINY." AND I'M GLAD HE DID, BECAUSE SO MANY PEOPLE IN HEALTH CARE AND IN THE SOCIAL SCIENCES FEEL HELPLESS, WHEN FACED BY UNMISTAKABLY RISING NUMBERS. I UNDERSTAND THE FEELING, HAVING COME FROM A 35-YEAR CAREER IN PEDIATRIC SURGERY AND THERE WERE MOMENTS, I CAN ASSURE YOU, WHEN THE PATIENT LOAD WAS PARTICULARLY LARGE...THE CASES WERE ESPECIALLY DIFFICULT...AND THERE WOULD BE NO SIGN OF RELIEF ANYWHERE. IF ANYTHING, THE SIGNS ALL POINTED TO MORE OF THE SAME.

SUCH TRENDS CAN BE NUMBING TO THE SENSES AND TO THE SENSITIVITIES. BUT "TREND IS NOT DESTINY." WE MUST ASSERT OUR OWN HUMAN WILL TO CHANGE TRENDS AND RE-WRITE DESTINY. AND FAMILY VIOLENCE IS, FOR SURE, AN ISSUE THAT REQUIRES JUST SUCH PUBLIC AND PROFESSIONAL WILL.

WHEN THE ISSUE OF VIOLENCE COMES UP, IN ANY OF ITS DISMAYING GUISES, ONE VERY COMMON RESPONSE IS SIMPLY, "WELL, THAT'S THE WAY PEOPLE ARE. GENERALLY SPEAKING, PEOPLE AREN'T VERY NICE." AND SO ON. OTHERS SAY THIS IS NOT CONVENTIONAL WISDOM SO MUCH AS IT IS CONVENTIONAL NONSENSE.

ONE OF THESE WOULD BE A PERSON WHO HAS HAD AN EXTRAORDINARY CAREER MAPPING THE DEVELOPMENT OF MANKIND, DR. ASHLEY MONTAGU. HE PUT THE MATTER VERY SUCCINCTLY IN HIS BOOK, THE NATURE OF HUMAN AGGRESSION. DR. MONTAGU SAID...

"THE EVIDENCE CONCERNING THE BIOSOCIAL NATURE OF MAN, AS WE KNOW IT TODAY, DOES NOT SUPPORT THE NOTION OF AN AGGRESSIVE, DEATH, OR DESTRUCTIVE INSTINCT IN MAN...SO FAR AS THE DEVELOPMENT, BY EVOLUTIONARY MEANS, OF AGGRESSIVE TENDENCIES IN MAN IS CONCERNED, THE IDEA CAN BE THOROUGHLY DISMISSED."

IF ASHLEY MONTAGU IS RIGHT, THEN MAN IS FUNDAMENTALLY A PEACE-SEEKER. HE DID SETTLE DOWN AND TEND TO FIELDS AND FLOCKS, A DEVELOPMENT WHICH MARKED THE BEGINNING OF CIVILIZATION OR HUMAN HISTORY AS WE KNOW IT. AS DR. MONTAGU ASSERTS, MAN DOES NOT HAVE -- BY NATURE -- A DESIRE FOR VIOLENCE. WHEN IT OCCURS, MONTAGU SEEMS TO BE SAYING, IT IS NOT THE NORM FOR THE HUMAN RACE. TREND MAY NOT BE DESTINY AFTER ALL.

I BELIEVE WE CAN HOPE FOR A REVERSAL OF THE TRENDS, THAT WE ACTUALLY MAY BE ABLE TO BRING ABOUT A FAR MORE HEALTHFUL AND LIFE-SUPPORTING DESTINY FOR MANY CHILDREN, MANY WIVES, AND MANY ELDERLY WOMEN WHO NOW LIVE IN TERROR WITHIN THEIR OWN FAMILIES.

ENCOURAGED BY THAT POSSIBILITY -- AND DISMAYED BY THE STATISTICS -- WE HAVE NO CHOICE BUT TO TRY. AND THERE ARE SOME THINGS THAT WE ARE DOING NOW AND OTHER THINGS THAT WE SHOULD BE DOING. AND WHEN I USE THE WORD "WE," I DON'T MEAN EXCLUSIVELY "WE IN GOVERNMENT." I MEAN "WE IN MEDICINE."

I THINK THAT MEDICINE AND THE PUBLIC HEALTH COMMUNITY ARE BEGINNING TO RETRIEVE THIS ISSUE FROM THE PUBLIC SAFETY AND CRIMINAL JUSTICE SYSTEMS, TO WHICH IT HAD BEEN CONSIGNED. WE UNDERSTAND THAT VIOLENCE -- PARTICULARLY FAMILY VIOLENCE -- IS AN ACUTE PROBLEM AFFECTING THIS COUNTRY'S PUBLIC HEALTH. AT ONE TIME IT HAD BEEN CONSIDERED BY MOST PEOPLE AS SOMETHING EXCLUSIVELY FOR THE POLICE OR THE COURTS TO WORRY ABOUT. BUT THAT TIME HAS PASSED.

I THINK THAT THERE IS NOW MUCH GREATER UNDERSTANDING OF THE COMPLEXITY OF THIS PUBLIC HEALTH ISSUE BY BOTH THE HEALTH COMMUNITY AND THE JUSTICE COMMUNITY. TO GIVE JUST ONE EXAMPLE, AS YOU MAY KNOW, I RAISED THIS ISSUE OF VIOLENCE WITH THE AMERICAN ACADEMY OF PEDIATRICS WHEN I SPOKE TO THEIR ANNUAL MEETING LATE LAST MONTH. AT THAT TIME I POINTED OUT THAT PUBLIC HEALTH PEOPLE AND LAW ENFORCEMENT PEOPLE HAVE DIFFERENT VIEWS OF THEIR ROLES IN PREVENTING VIOLENCE.

I NOTED, FOR EXAMPLE, THAT THE NATIONAL INSTITUTE OF LAW ENFORCEMENT AND CRIMINAL JUSTICE, THE RESEARCH ARM OF THE JUSTICE DEPARTMENT, SEES "PREVENTION" AS A WAY OF STOPPING A RECURRENCE OF A CRIMINAL ACT. IN EFFECT, THE JUSTICE DEPARTMENT DOES NOT HAVE WHAT WOULD BE IN OUR DISCIPLINE OF MEDICINE A "PRIMARY PREVENTION" STRATEGY. AND ON REFLECTION, ONE WOULD HAVE TO ADMIT THAT SUCH A STRATEGY UNDER THE CRIMINAL JUSTICE SYSTEM COULD VERY WELL COME IN CONFLICT WITH TRADITIONAL CIVIL LIBERTIES.

PEOPLE AT THE DEPARTMENT OF JUSTICE READ THOSE REMARKS AND THEY APPARENTLY FELT THAT SUCH A CLARIFICATION OF ROLES WOULD BE USEFUL RIGHT NOW. LAST WEEK, THE DEPARTMENT OF JUSTICE HAS REQUESTED THAT THE PUBLIC HEALTH SERVICE COLLABORATE WITH THEM ON THE DEVELOPMENT OF

A PRIMARY PREVENTION PROGRAM FOR VIOLENCE, ONE THAT IS CONSISTENT WITH THEIR LAW AND MISSION. IT'S A VERY ENCOURAGING SIGN AND I LOOK FORWARD TO DEVELOPING A STRONG JOINT P.H.S. - JUSTICE DEPARTMENT PRIMARY PREVENTION PROGRAM IN VIOLENCE.

AS ENCOURAGED AS I AM ABOUT THIS AND OTHER EXAMPLES OF PROGRESS IN THIS ISSUE, IT AM STILL AWARE THAT WE HAVE BEEN NIBBLING AT THE PROBLEM FOR A NUMBER OF YEARS, DIGESTING IT IN PIECE-MEAL FASHION, SO TO SPEAK. LET ME EXPLAIN THAT.

FIRST, IN THE 1960s, WE DISCOVERED THE PHENOMENON OF "THE BATTERED CHILD SYNDROME." MANY OF YOU, I'M SURE, REMEMBER C. HENRY KEMPE'S ARTICLE WITH THAT TITLE THAT APPEARED IN J.A.M.A. BACK IN 1962. IT IS FREQUENTLY CREDITED WITH BEING THE PIECE OF RESEARCH THAT EFFECTIVELY TRIGGERED BROAD INTEREST BY THE PROFESSION AND THEN THE PUBLIC IN THIS ISSUE. MUCH OF THE WORK FOCUSED, HOWEVER, ON PHYSICAL ABUSE THAT COULD BE MEDICALLY DIAGNOSED. AS SHOCKING AS THE PROBLEM WAS, WE COULD SOMEHOW GRAPPLE WITH IT, IF IT WERE PRESENTED WITHIN THE FAMILIAR FRAMEWORK OF PHYSICAL MEDICINE. AND THAT WAS A LARGE STEP FORWARD.

THEN, IN THE LATE 60s AND EARLY 70s, WE HAD THE WORK OF STRAUS, GELLES, AND STEINMETZ, RESEARCHERS WHO WERE TELLING US TO FOCUS NOT JUST ON THE CHILD BUT ON THE FAMILY. IN THEIR TERMS, HOWEVER, THE FAMILY WAS THE "NUCLEAR" FAMILY OF FATHER, MOTHER, AND CHILDREN, AND THE NEXT LEVEL OF CONSCIOUSNESS WAS REALLY AN UNDERSTANDING OF THE ABUSE SUFFERED BY WIVES AT THE HANDS OF BRUTALIZING HUSBANDS. BUT AGAIN, THIS TENDED TO BE IN TERMS OF PHYSICAL ABUSE THAT COULD BE DIAGNOSED MEDICALLY -- AND MORE OR LESS OBJECTIVELY, I WOULD ADD. THE CONNECTION WAS CLEAR ENOUGH; THE OVERWHELMING REASON FOR VIOLENCE BETWEEN PARENTS APPEARED TO STEM FROM DECISIONS RELATING TO THE CHILDREN. AND THAT IS STILL THE CASE.

LATER IN THE 70s, WE BEGAN TO ALLOW OURSELVES TO SEE THE SEPARATE BUT EQUALLY FEARSOME PROBLEM OF THE SEXUAL ABUSE OF WIVES. WE KNEW THE PROBLEM WAS THERE. STRAUS, GELLES, AND OTHERS HAD TOLD US THAT CLOSE TO 30 PERCENT OF THE CASES OF WIFE ABUSE WERE RELATED IN SOME WAY TO THE SEXUAL RELATIONSHIPS OF THE HUSBAND AND WIFE. LENORE WALKER BROUGHT ALL THESE ISSUES TOGETHER IN HER BOOK, THE BATTERED WOMAN, IN 1979. THE ISSUE OF SEXUAL ABUSE OF WIVES AND DAUGHTERS AND SONS IS NOW PART OF THE LITERATURE OF FAMILY VIOLENCE. WE KNOW, FOR EXAMPLE, THAT APPROXIMATELY 1 IN EVERY 4 GIRLS AND 1 IN EVERY 10 BOYS IS LIKELY TO BE

SEXUALLY ABUSED BY THE TIME THEY REACH THEIR 18TH BIRTHDAY. THIS IS THE KIND OF INFORMATION THAT HAS COMPELLED US TO BROADEN OUR DEFINITIONS OF ABUSE BEYOND THE NARROWER AREA OF ONLY MEDICALLY DIAGNOSED PHYSICAL ABUSE.

THIS WAS AN IMPORTANT DEVELOPMENT, BECAUSE IN THIS DECADE WE HAVE BECOME ACUTELY AWARE OF THE PROBLEM OF ABUSE OF OUR OLDER FAMILY MEMBERS. WE NOW SEE MUCH MORE CLEARLY HOW THE SO-CALLED "CYCLE OF VIOLENCE" DOES WORK: A DAUGHTER, PHYSICALLY AND POSSIBLY SEXUALLY ABUSED AS A SMALL CHILD, FALLS VICTIM ONCE AGAIN AS A WIFE. SHE MAY ALSO TURN ON HER OWN DAUGHTER IN RAW ANGER. AND, ACCORDING TO OUR INFORMATION SO FAR, IT IS VERY LIKELY SHE WILL ABUSE HER MOTHER, IF THE WOMAN IS LIVING IN OR NEAR THE DAUGHTER'S HOME. THE SAME CYCLE OCCURS AMONG BOYS AND MEN, ALTHOUGH WITH SOMEWHAT LESS FREQUENCY IN ELDER ABUSE.

AT THIS MOMENT IN THE HISTORY OF THIS TERRIFYING SIDE TO THE AMERICAN FAMILY, WE CAN SEE THE INTER-GENERATIONAL ISSUES EMERGE AND COME TOGETHER. WE CAN ALSO SEE THE NEED TO BROADEN OUR DEFINITIONS OF THE NATURE OF ABUSE.

MANY GROUPS REPRESENTING THE INTERESTS OF CHILDREN, WOMEN, AND THE AGED NOW SEEM TO AGREE ON THESE FOUR GENERAL TYPES OF ABUSE. THEY ARE DEDUCED DRAWN FROM SURVEYS OF ACTUAL CASES SEEN IN HOSPITALS, CLINICS, AND THE COURTS:

THERE IS, OF COURSE, PHYSICAL ABUSE, BUT IT WOULD INCLUDE NOT ONLY THE WILLFUL INFLICTION OF PAIN OR INJURY, BUT ALSO THE WITHHOLDING OF FOODS, MEDICINES, AND CLOTHING...THE USE OF RESTRAINTS FOR DISCIPLINE...OR THE UNREASONABLE CONFINEMENT OF THE PERSON, SUCH AS THE RECENT STORIES ABOUT PARENTS AND CHILDREN FOUND AND RELEASED FROM YEARS OF IMPRISONMENT WITHIN THEIR OWN HOMES.

THEN THERE IS PSYCHOLOGICAL OR MENTAL ABUSE, THE KIND OF VERBAL HOSTILITY THAT ENGENDERS FEAR AND PROFOUND EMOTIONAL WITHDRAWAL OR BREAKDOWN...TAUNTS, THREATS, INSULTS, AND CONDEMNATION...INSULTS AND RIDICULE SPOKEN WITH THE SPECIFIC INTENT TO CORRUPT THE MENTAL HEALTH OF THE VICTIM.

THIRD IS SEXUAL ABUSE, WHICH COMBINES PHYSICAL ABUSE WITH EMOTIONAL AND PSYCHOLOGICAL ABUSE...THE IMPACT ON THE VICTIM IS MOST SEVERE DURING ADOLESCENCE, BUT REMAINS AT A CERTAIN DEGREE OF INTENSITY ON INTO ADULT LIFE.

AND FOURTH IS MATERIAL OR FINANCIAL ABUSE, SOMETHING THAT IS PARTICULARLY CRUEL FOR THE ELDERLY...HERE THE ABUSER TAKES CONTROL OF THE RESOURCES -- MONETARY OR OTHERWISE -- OF THE ABUSED PERSON, IN EFFECT SHUTTING OFF ANY HOPE OF ESCAPE OR RELEASE FROM THE INTOLERABLE HOME ENVIRONMENT.

THERE ARE GRADATIONS OF THESE FOUR GENERAL CATEGORIES TO BE SURE. AND PRACTITIONERS IN PHYSICAL AND MENTAL HEALTH NEED TO UNDERSTAND AND RECOGNIZE THE RANGE AND THE GRADATIONS OF THESE FORMS OF ABUSE, WITH THE HOPE THAT THEY MIGHT SEE A GRADUAL ESCALATION OF ONE OR ANOTHER TYPE BEING INFLICTED UPON A PATIENT.

THE DEFINITIONAL PROBLEM IS NOW BEFORE US AND THERE ARE MANY EXCELLENT PERSONS WORKING ON IT. THE COMPANION PROBLEM OF REPORTING SYSTEMS HAS ALSO ARRIVED AND THIS, TOO, HAS CAPTURED MUCH ATTENTION AMONG PHYSICIANS, NURSES, SOCIAL SERVICE WORKERS, THE POLICE, AND THE COURTS. LESS THAN A DOZEN STATES, FOR EXAMPLE, EVEN REQUIRE SOME FORM OF REPORTING OF THE ABUSE, NEGLECT, OR EXPLOITATION OF THE ELDERLY. SEVERAL STATE HEALTH DEPARTMENTS DO, HOWEVER, RECOGNIZE THE NEED FOR GREATER CLARITY IN THEIR DATA AND THEY ARE BEGINNING TO

ESTABLISH THEIR OWN IMPROVED VIOLENCE REPORTING SYSTEMS AND PROCEDURES. NEW YORK, CALIFORNIA, AND COLORADO ARE THREE THAT COME IMMEDIATELY TO MIND.

AT THE FEDERAL LEVEL, WE HAVE BROUGHT THE NATIONAL INSTITUTE OF MENTAL HEALTH AND THE CENTERS FOR DISEASE CONTROL, OUR EPIDEMIOLOGY SPECIALISTS, INTO A COOPERATIVE WORKING PARTNERSHIP WITH THE DEPARTMENT OF JUSTICE AND CERTAIN OTHER FEDERAL AGENCIES WITH AN INTEREST IN THIS PROBLEM...DEFENSE, THE V.A., AND SO ON.

C.D.C., BY THE WAY, CARRIES ON A VERY IMPORTANT PROGRAM CALLED THE "EPIDEMIC INTELLIGENCE SERVICE." IT IS STAFFED PRIMARILY BY PHYSICIANS IN THE COMMISSIONED CORPS OF THE P.H.S. YOU USUALLY HEAR OF THEM TRACKING DOWN LEGIONNAIRE'S DISEASE OR TOXIC SHOCK SYNDROME OR KAPOSI'S SARCOMA. BECAUSE VIOLENCE NOW RANKS AS ONE OF OUR COUNTRY'S MAJOR PUBLIC HEALTH EPIDEMICS, C.D.C. IS ALSO ASSIGNING PROFESSIONALS FROM SOCIAL SCIENCE DISCIPLINES TO THIS PROGRAM -- SOCIOLOGISTS, FOR EXAMPLE -- TO WORK WITH PHYSICIANS AND OTHER MEDICAL PROFESSIONALS. INCIDENTALLY, LIKE THE MARINES, THE C.D.C. IS ALWAYS LOOKING FOR "A FEW GOOD MEN AND WOMEN" FOR ITS E.I.S. WE OFFER A TWO-YEAR TOUR OF DUTY IN THE COMMISSIONED CORPS, WORKING LITERALLY ON THE FRONT LINE OF PUBLIC HEALTH IN THIS COUNTRY.

THE C.D.C. AND THE OTHER FEDERAL AGENCIES TEND TO LOOK ACROSS THE BROAD SPECTRUM OF VIOLENCE OR WILL LOOK AT ONE GENERAL CATEGORY, SUCH AS HOMICIDE OR SUICIDE. AND THAT IS CERTAINLY IMPORTANT AND USEFUL. BUT I BELIEVE THAT WE ARE SEEING MORE AND MORE CLEARLY THAT, WITHIN THE OVERALL ISSUE OF VIOLENCE, LIES THE HEART OF THE MATTER: VIOLENCE IN THE FAMILY. THE EVIDENCE -- SINCE THE TIME THAT EVIDENCE WAS FIRST COLLECTED -- IS SIMPLY OVERWHELMING:

VIOLENT FAMILIES TEND TO PRODUCE VIOLENT CHILDREN WHO COMMIT CRIMES OUTSIDE THE HOME AS WELL AS INSIDE AND TEND TO DO THAT WHEN THEY BECOME ADULTS, TOO. IF WE COULD BRING ABOUT A MARKED REDUCTION IN FAMILY VIOLENCE, WE WOULD, IN EFFECT, BE REDUCING THE POSSIBILITY OF CRIME IN GENERAL FOR YEARS TO COME.

THAT IS NOT MEANT TO BE A SUMMATION OF THE PROBLEM. IT IS THE CHALLENGE ITSELF. YES, FAMILY VIOLENCE IS CENTRAL TO VIOLENCE IN THE SOCIETY GENERALLY. NOW, WHAT ARE WE GOING TO DO ABOUT IT?

I WISH I COULD ANSWER THAT IN COOKBOOK FASHION...BUT I CAN'T. PSYCHIATRISTS KNOW PROBABLY BETTER THAN ANY OTHER PROFESSIONALS THAT ABERRATIONS IN THE HUMAN CONDITION ARE NOT SOLVED BY ANY SLICK

FORMULAS. THOSE DON'T EXIST...AND I'M SORT OF GLAD THEY DON'T. HOWEVER, THERE IS A STRATEGY THAT IS EVOLVING FROM AMONG INDIVIDUALS AND GROUPS CONCERNED ABOUT FAMILY VIOLENCE. AND THE FEDERAL GOVERNMENT HAS A PARTICULAR ROLE TO PLAY AND HAS BEGUN TO DO IT.

PART OF THE STRATEGY IS TO OPEN UP DISCUSSION OF FAMILY VIOLENCE, TO LET SOME LIGHT AND FRESH AIR IN, TO INDICATE TO THOSE WHO MAY BE PREDISPOSED TO VIOLENCE THAT IT CAN NO LONGER REMAIN AS THEIR OWN LITTLE SECRET, AND TO LET POTENTIAL VICTIMS KNOW THAT THEY ARE NOT ISOLATED FROM THE REST OF SOCIETY: THEIR PLIGHT IS OUR PLIGHT.

"GOING PUBLIC" ON THIS ISSUE MEANS INTERESTING THE MEDIA IN GIVING THIS SUBJECT BETTER COVERAGE THAN JUST SURFACE SENSATIONALISM. I THINK THEY WILL. TO BE PERFECTLY CANDID, I THINK PART OF THE FAULT OF THE MEDIA'S POOR RECORD SO FAR MUST LIE WITH THOSE OF US WHO KNOW BETTER BUT HAVE NOT BEEN ABLE TO CONVEY THAT KNOWLEDGE TO THE MEDIA IN TERMS THEY CAN ACCEPT AND USE. I THINK WE HAVE TO DEAL WITH THAT PART OF THE PROBLEM, TOO -- OUR PART.

BUT THAT STILL OUGHT NOT TO LET THE MEDIA OFF THE HOOK, ESPECIALLY TELEVISION. I DON'T KNOW HOW MANY TIMES THE GOVERNMENT HAS TO COME OUT WITH YET ANOTHER STUDY OF TELEVISION VIOLENCE TO MAKE THE POINT THAT IT IS HARMFUL TO CHILDREN. THERE HAS BEEN AN INTERMINABLE AMOUNT OF BEAN-COUNTING TO QUANTIFY THE OBVIOUS:

- o CHILDREN SPEND AT LEAST 2 HOURS AND A HALF IN FRONT OF A T.V. SET EACH DAY...
- o MANY OF TODAY'S HIGH SCHOOL GRADUATES WILL HAVE SPENT MORE OF THEIR LIVES IN FRONT OF A T.V. SET THAN IN THE CLASSROOM...
- o BY THE AGE OF 18 A YOUNG PERSON COULD HAVE WITNESSED OVER 18,000 MURDERS ON TELEVISION. THIS DOES NOT COUNT THE DOCUMENTATION OF VIOLENCE THAT SEEMS TO BE IN EVERY T.V. NEWS REPORT...
- o ADULTS SPEND ABOUT 40 PERCENT OF THEIR LEISURE TIME WATCHING TELEVISION, WHICH RANKS THIRD -- BEHIND SLEEP AND WORK -- AS AN OCCUPIER OF AN ADULT'S AVERAGE DAY.

NOT ONLY ARE THE SPECIFIC DETAILS OF A FICTIONAL CRIME RE-ENACTED BY VIEWERS -- OFTEN YOUNG CHILDREN OR ADOLESCENTS -- BUT THERE IS A STRONG SUSPICION THAT THE AGGRESSIVE BEHAVIORS BY THE "HEAVIES" ON TELEVISION ARE MIMICKED BY VIEWERS ALSO, WHETHER CONSCIOUSLY OR UNCONSCIOUSLY, IN A VARIETY OF RELATIONSHIPS AND SETTINGS.

THE "MIMICRY" PROBLEM CANNOT BE DISMISSED AS JUST ACADEMIC SUPPOSITION EITHER. SOME OF YOU MAY REMEMBER THE STARTLING REVELATIONS OF 1976, WHEN WE LEARNED THAT 34 CHILDREN THAT YEAR BECAME PARAPLEGICS IN ATTEMPTS TO MIMIC -- TO COPY -- THE DUBIOUS ACHIEVEMENTS OF MOTOR-CYCLIST EVEL KNIEVEL, WHOSE STUNTS WERE EXHAUSTIVELY REPORTED BY TELEVISION, COMPLETE WITH SLOW-MOTION INSTANT REPLAYS.

WE ALSO NEED TO WORK MORE CLOSELY AND MORE COHERENTLY WITH THE WHOLE RANGE OF VOLUNTARY ORGANIZATIONS, ADVOCACY GROUPS, AND SPECIAL-INTEREST HEALTH AND MEDICAL CARE ORGANIZATIONS WHO HAVE SOMETHING TO CONTRIBUTE. THIS MEANS COOPERATION AND SOME DEGREE OF COORDINATION. IT DOES NOT MEAN A UNITARY APPROACH...THAT IS NOT THE AMERICAN STYLE AND IT'S JUST AS WELL. MANY OF THESE ORGANIZATIONS OPERATE AT THE COMMUNITY AND NEIGHBORHOOD LEVEL, THEY HAVE DISCREET ACCESS TO FAMILIES AND FAMILY MEMBERS IN TROUBLE. IN OUR KIND OF SOCIETY, THEY COME AS CLOSE AS WE DARE TO HAVING A PUBLIC CONSCIENCE.

THE NATIONAL INSTITUTE OF MENTAL HEALTH IS COMMITTED FOR THE REST OF THIS FISCAL YEAR AND NEXT TO FINDING WAYS TO WORK WITH STATES AND LOCALITIES TO STIMULATE THE FORMATION OF GRASS-ROOTS SELF-HELP GROUPS. A NUMBER OF THESE ARE ALREADY SPRINGING UP, WHICH IS A GOOD SIGN.

ALSO OF INTEREST IS THE APPEARANCE IN MANY PUBLIC SCHOOL SYSTEMS OF COURSES FOR CHILDREN IN CONFLICT RESOLUTION AND DEALING WITH CONFRONTATION. IF A CHILD CAN DEAL EFFECTIVELY WITH THE SCHOOLYARD BULLY, IT'S POSSIBLE THAT SAME CHILD MIGHT BEGIN TO MANAGE CONFRONTATION AND STRESS AT HOME A LITTLE BETTER, TOO. I DON'T LIKE PLACING THE BURDEN ON THE VICTIM OR THE POTENTIAL VICTIM. I THINK THAT'S UNFAIR. BUT THIS KIND OF INSTRUCTION CAN BE LIFE-SAVING ANYWHERE AND, I WOULD HOPE, IT WOULD BE CARRIED ON AT THE SAME TIME THAT SOCIETY IS DOING SOMETHING ABOUT IDENTIFYING AND NEUTRALIZING THE VICTIMIZERS AS WELL. KNOWING THE LIFE HISTORIES OF ABUSED CHILDREN, WE CERTAINLY HAVE THE OBLIGATION TO PAY SPECIAL HEED TO THEIR PROBABLE FUTURES.

WE ARE ALSO COMMITTED TO PROVIDING TECHNICAL ASSISTANCE TO PRIVATE VOLUNTARY AND PROFESSIONAL ORGANIZATIONS THAT ARE PUTTING VIOLENCE HIGH ON THEIR ACTION AGENDA. WORKING WITH THESE KINDS OF GROUPS TO OPEN UP THIS ISSUE IS PART OF OUR WORKING STRATEGY. THE KIND OF THING

I HAVE IN MIND IS THE ACTION BEING TAKEN BY THE AMERICAN ACADEMY OF PEDIATRICS. THE PEDIATRICIANS HAVE BEEN IN THE FOREFRONT OF THE CAMPAIGN TO GET NEW PARENTS TO USE INFANT AND CHILD RESTRAINTS -- SEAT-BELTS OR SPECIAL INFANT SEATS -- IN THEIR AUTOMOBILES. THEY ARE ALSO PREPARING A NUMBER OF PAMPHLETS TO BE AVAILABLE TO PARENTS AND CHILDREN IN DOCTORS' OFFICES. THE MATERIAL WILL COVER A VARIETY OF SUBJECTS, INCLUDING "ACCIDENT PREVENTION." THIS PARTICULAR SUBJECT, I UNDERSTAND, WILL BE IN THE FORM OF A LITTLE SELF-TEST, WHICH WILL HELP THE PARENT SEE JUST HOW SENSITIVE HE OR SHE MAY BE TO THIS IMPORTANT PUBLIC HEALTH ISSUE.

A SECOND ASPECT IS ONE I'VE MENTIONED ALREADY: THAT IS, IMPROVING AND REFINING OUR SYSTEMS OF REPORTING VIOLENCE AND ABUSE OF FAMILY MEMBERS OF ALL AGES AND BOTH SEXES. THIS REQUIRES A GREAT DEAL OF CLOSE COORDINATION AMONG ALL LEVELS OF GOVERNMENT, BETWEEN GOVERNMENT AND THE PROFESSIONS -- MEDICINE, LAW, AND SOCIAL SERVICE -- AND BETWEEN THOSE WHO SERVE AND THOSE WHO ARE SERVED, THE VICTIMS THEMSELVES. C.D.C., N.I.M.H, AND THE NATIONAL CENTER FOR HEALTH STATISTICS HAVE THIS PROBLEM AS PART OF THEIR WORKPLAN FOR THIS AND THE FOLLOWING FISCAL YEARS.

WE ARE ALSO PURSUING A NUMBER OF AVENUES OF BEHAVIORAL RESEARCH AMONG ELDERLY PERSONS...IN THE EFFECTS OF STIGMA...IN CERTAIN SPECIFIC STRESS ENVIRONMENTS, SUCH AS URBAN SCHOOL SYSTEMS...AND SIMILAR AREAS THAT ARE NEW FOR US -- BUT NOT FOR THE VICTIMS WHO'VE BEEN THERE FOR SOME TIME.

I HOPE THIS LITTLE REVIEW -- ALL TOO ABBREVIATED, I KNOW -- WILL AT LEAST GIVE YOU SOME INSIGHTS INTO HOW SERIOUSLY WE VIEW THIS PROBLEM OF VIOLENCE, AND FAMILY VIOLENCE SPECIFICALLY, AND WHAT WE HOPE TO GAIN FOR SOCIETY BY FOCUSING ON THE PROBLEM. IT IS NOT EASY, AS I MENTIONED EARLIER. IT IS A MOST DIFFICULT SUBJECT TO DISCUSS BECAUSE IT DOES STRIKE AT THE VERY HEART OF WHAT EACH OF US CONSIDERS THE BASIC UNIT OF STRENGTH IN SOCIETY: THE FAMILY.

I THINK WE CAN MAKE A DIFFERENCE. EARLY DETECTION OF PEOPLE PREDISPOSED TO VIOLENCE...EARLY IDENTIFICATION OF POTENTIAL VICTIMS... THESE ARE THE ASSIGNMENTS THAT PROFESSIONALS SUCH AS YOURSELVES HAVE BEFORE YOU. AND IT CAN WORK. EARLY DETECTION AND TREATMENT CAN SAVE BOTH THE CHILD AND THE PARENTS -- REGARDLESS OF THEIR AGES. AND, AS PEDIATRICIANS KNOW SO MUCH BETTER THAN OTHERS, CHILDREN ARE THE MOST OPTIMISTIC OF PEOPLE AND, MIRACULOUSLY, THE MOST RESILIENT.

IT WAS MY PRIVILEGE FOR SOME 35 YEARS TO BE A PEDIATRIC SURGEON AND TO PERFORM SOME OF THE MOST DELICATE PROCEDURES UPON CHILDREN WHO WERE SUFFERING PROFOUND, LIFE-THREATENING IMPAIRMENTS. I AM COMFORTABLE WITH THE KNOWLEDGE THAT I WAS A GOOD SURGEON. BUT I ALSO KNOW THAT IN MOST INSTANCES IT WAS SOMETHING ELSE...SOMETHING MORE POWERFUL WITHIN THE CHILD ITSELF...SOMETHING THAT ABSORBED THE HURT, THE CONFUSION, THE FRUSTRATION, AND THE SHOCK AND CLUNG TO LIFE AND HOPE. CHILDREN ALSO TEND TO BE FORGIVING, LONG AFTER MOST ADULTS HAVE POCKETED THEIR CHARITY AND GONE ABOUT THEIR BUSINESS.

CHILDREN TEND TO SPEAK FOR ALL OF US, TOO, WHEN ADULTS ARE STILL STUMBLING FOR THE RIGHT WORDS. AND SO, AS MY CLOSING MESSAGE TO YOU TODAY, I WOULD LIKE TO REPEAT THAT OFT-QUOTED SECTION FROM THE DIARY OF ANNE FRANK. YOU'LL RECOGNIZE IT, I'M SURE. I THINK IT SUMS UP THE EXTRAORDINARY TREASURE THAT IS EMBODIED IN OUR CHILDREN AND REMAINS AN INSPIRATION TO EVERY CIVILIZED PERSON WHO IS DETERMINED TO CONFRONT VIOLENCE -- AND STOP IT.

YOU MAY RECALL THAT ANNE FRANK WROTE THESE WORDS JUST TWO WEEKS BEFORE HER HIDING-PLACE WAS DISCOVERED AND SHE WAS SENT TO AUSCHWITZ:

"...IN SPITE OF EVERYTHING, I STILL BELIEVE THAT PEOPLE ARE REALLY GOOD AT HEART."

THEN SHE CLOSED HER ENTRY FOR THAT SATURDAY IN JULY 1944 BY WRITING...

"IF I LOOK UP INTO THE HEAVENS, I THINK THAT IT WILL ALL COME RIGHT AND THIS CRUELTY TOO WILL END AND PEACE AND TRANQUILITY WILL RETURN AGAIN..."

HOW SAD FOR ANNE AND FOR MANY PEOPLE LIKE HER -- PEOPLE OF ALL AGES -- THAT THE IDEAL VISION SHE HAD IS STILL SO FAR FROM BEING REALIZED.

AGAIN, THANK YOU FOR YOUR INVITATION TO SPEAK WITH YOU TODAY.

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